

U.S Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S Marshal"
on the reverse of this form.

CR-05-1849

PLAINTIFF	COURT CASE NUMBER 05-1849 JH
United States of America	<i>POSTED</i>
DEFENDANT	TYPE OF PROCESS <i>Final Disposition</i>
Dana Jarvis	<i>JDIS 23</i>
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
►	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
AT	SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:
Stephen R. Kotz Assistant United States Attorney P.O. Box 607 Albuquerque, NM 87103	
Number of process to be served with this Form - 285 Number of parties to be served in this case Check for service on U.S.A.	

RECEIVED
U.S. MARSHAL'S SERVICE
AT ALBUQUERQUE, NEW MEXICO

2009 JUL 20 PM 2:48

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVER (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Server):
Fold

- As per the attached Final Order of Forfeiture Regarding Certain Dana Jarvis Assets the New Mexico Liquor License No.2599 or proceeds from the sale thereof has been forfeited to the United States. Please dispose according to law.
- Return completed copies for filing.

05-DEA-407420

Signature of Attorney or other Originator requesting service on behalf of: <i>for S. Kotz</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	(505) 346-7274	07/20/09

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>51</i>	District to Serve No. <i>51</i>	Signature of Authorized USMS Deputy or Clerk <i>Catherine Pascente</i>	Date <i>7-21-09</i>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)				A person of suitable age and discretion then residing in the defendant's usual place of abode. <input type="checkbox"/>	
Name and title of individual served (if not shown above) Address (complete only if different than shown above)				Date of Service <i>9-4-09</i>	Time am <i>pm</i>
				Signature of U.S. Marshal or Deputy <i>Cathy Pascente</i>	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owned to U.S. Marshal Amount of Refund

REMARKS:

TR funds to APP